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Training toolkit

MODULE 2
SKILLS DEVELOPMENT

همزة وصل

TRAINING MANUAL FOR MSM PEER EDUCATORS

Acknowledgements

This orientation manual has been developed jointly by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Regional Support Team for the Middle East and North Africa (UNAIDS RST MENA), the International HIV/AIDS Alliance (the Alliance) and its partners in the region: ATL (Association Tunisienne de lutte contre les MST/SIDA), APCS (Association de Protection Contre le Sida), SIDC (Soins Infirmiers et Développement Communautaire), Helem, OPV (Oui Pour la Vie), AMSED (Association Marocaine de Solidarité et de Développement), OPALS-Fes (Organisation Panafricaine de Lutte Contre le Sida, section de Fes) and ASCS (Association Sud Contre le Sida). Together with the NGO MSM Project Orientation Manual and two other modules for training MSM peer educators, it constitutes a training toolkit on MSM programming for the Middle East and North Africa (MENA) region available in English and Arabic.

The training manual for MSM Peer Educators was written by Nadia Badran, in collaboration with John Howson. Staff from the Alliance, UNAIDS RST MENA and USAID Middle East Bureau and the Office of HIV/AIDS provided feedback and inputs during the writing process and completed the toolkit.

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All the quotes in this manual have been collected from MSM living in different countries of the region. We believe they are representative of the regional context and reality, hence have chosen mostly to omit the specific countries where they were collected.

The MENA programme's partner associations

- APCS (Association de Protection Contre le Sida) in Algeria
- SIDC (Soins Infirmiers et Développement Communautaire), OPV (Oui Pour la Vie) and Helem in Lebanon
- AMSED (Association Marocaine de Solidarité et de Développement), ASCS (Association Sud Contre le Sida) and OPALS-Fes (Organisation Panafricaine de Lutte Contre le Sida, section de Fes) in Morocco
- ATL (Association Tunisienne de lutte contre les MST/SIDA) in Tunisia

Contents

MODULE 2
SKILLS DEVELOPMENT

Overall timing

28 hours 35 minutes

Objectives

In this module, participants learn and practise the skills necessary to work with their clients to promote and encourage behaviour change. This will include exploring their own attitudes and beliefs in order to reflect on how these may influence their work with clients, both positively and negatively. Specifically, they will:

- discuss the various stages of behaviour change
- improve communication skills related to sexual risk behaviours and the use of condoms and condom-safe lubricants
- practise communication
- analyse potential challenges and how to overcome them
- learn negotiation and life skills
- discuss the different personalities they may encounter in their work and learn how to deal with them
- develop positive attitudes free from stigma and discrimination
- role play an educational session on behaviour change.

SESSIONS IN MODULE 2	
TITLE OF THE SESSION	DURATION
Session 1: Sexual risk behaviour and risk reduction	4 hours
Session 2: Risk reduction	1 hour 30 minutes
Session 3: Safer sex	2 hours 15 minutes
Session 4: Identifying the components of outreach interventions	1 hour 30 minutes
Session 5: Communication skills	3 hours 20 minutes
Session 6: Communication during outreach	1 hour
Session 7: Life skills	3 hours 30 minutes
Session 8: Self-esteem	1 hour 30 minutes
Session 9: Interacting with different personalities in the field	2 hours
Session 10: Developing non-discriminatory attitudes and behaviours towards MSM	2 hours 30 minutes
Session 11: Educational and motivational messages in the field	3 hours 15 minutes
Session 12: Importance of the outreach programme and influencing decision-makers	2 hours 15 minutes

Session 1

Time

4 hours

Objectives

At the end of this session, participants will be able to:

- analyse the circumstances in which MSM sexual relationships might involve risk
- begin to identify the stages of behaviour change
- explore how knowledge, attitudes and skills all play a role in behaviour change.

You will need

- Large sheets of paper, coloured markers, masking tape, Post-it notes
- The stages of behaviour change written on a large sheet of paper (Annex 1)
- The list of behaviours applying to each behaviour-change stage written on a large sheet of paper (Annex 2)
- Handouts (one per participant) of:

  Annex 1: The stages of behaviour change

  Annex 2: List of behaviours applying to each behaviour-change stage

Sexual risk behaviour and risk reduction

Overview

This session conveys simple scientific information through practical examples. The exercises in parts 1 and 2 provide the theoretical framework for addressing the process of behaviour change. This framework will support participants' understanding and provide a reference source to help them retain the information.

The session consists of two parts:

- **Part 1**. Risk alert
- **Part 2**. Stages in behaviour change and factors influencing them

Activity: Part 1. Risk alert

Step 1: Drawing (40 minutes)

1. Divide participants into six groups (preferably four to six per group). Draw six boxes on a large sheet of paper. Tell them this imagined scenario involves a young MSM.
2. Give each group a blank sheet of paper and ask them to draw six boxes. Explain that the last box represents unprotected penetrative sex. Ask participants to go back, step by step, into each of the five previous boxes and list the circumstances (using key words, cartoon drawings or symbols) that could have led this young man to Box 6 (i.e. to have unprotected sex).
3. After 20 minutes, ask participants to discuss the learning from this exercise (10 minutes) and the importance of talking about the risk continuum (10 minutes).

Step 2: List of risks (30 minutes)

4. Ask the small groups to draw three boxes on the other side of their paper. Ask them to list:
   - Box 1: HIV and other sexually transmitted infection (STI) risks faced by MSM
   - Box 2: Factors that might prevent them from protecting themselves from HIV and other STIs
   - Box 3: What they can do to reduce their risk of becoming infected or transmitting HIV or STIs

Part 2. Stages in behaviour change and factors influencing them

Step 1: Presentation and discussion of stages of behaviour change (30 minutes)

5. Present and explain each of the six stages of behaviour change, using the pre-prepared sheet (Annex 1). Ask if there are any questions that need clarifying. Invite discussion of the points presented.

Step 2: Exercise to identify behaviours applying to each stage (1 hour 20 minutes)

6. Take six sheets of paper and write a different stage of behaviour change as a heading on each. Put these on the walls as wall panels.
7. Give each small group a set of Post-it notes. Ask them to write examples of behaviour that correspond to each stage (one example per Post-it). Ask them to stick their Post-its on the appropriate sheet. Remind them to refer back to the diagram they developed in Step 2 of Part 1 to identify behaviours.
8. Present the list of examples of behaviours applying to each stage using the pre-prepared sheet (Annex 2). Ask groups to make any amendments required to their Post-its.
9. Ask groups to review the final version and positioning of all the Post-its. Check for any inaccuracies and correct these. Invite general discussion, queries or challenges to points listed.

Step 3: Factors that influence movement between stages of behaviour change (1 hour)

10. Assign one working group to each wall panel.
11. Ask the groups for panels one to four to discuss and write on their wall panel the resources, attitudes and skills that are needed to enable individual MSM to progress to the next stage.
12. Ask the group for panel five to discuss and write on their panel the resources, attitudes and skills needed to enable individual MSM to sustain the behaviour changes that have brought them to this stage.
13. Ask the group for panel six to discuss and write on their panel the resources, attitudes and skills needed to support MSM in this stage and enable them to move again to a different stage. Remind all groups to refer to their diagram for Step 2 of Part 1.
14. After 20 minutes, invite groups to view each other's panels (10 minutes in total). Invite comments, questions and general discussion. Check the points listed for feasibility and relevance. Clarify any queries, and amend any errors and misconceptions (30 minutes).

Annex 1: The stages of behaviour change

Any outreach work with MSM has to start with an assessment of an individual's risk behaviour and an understanding of whether the person considers their behaviour to be risky; i.e. their perception of risk. An understanding of the behaviour change process will help peer educators to discuss with the client where they are on the behaviour change continuum, assess their particular needs and possibilities, and support them to make positive changes.

The following behaviour change theory is based on the Transtheoretical model of behaviour change, which assesses an individual's readiness to act on a new healthier behaviour, and provides strategies or processes of change to guide the individual through the stages of change to action and maintenance of this new behaviour. James O Prochaska of the University of Rhode Island and colleagues developed this model at the end of the 1970s, and they subsequently refined the model on the basis of research that they published in peer-reviewed journals.

The six stages of behaviour change:

- Stage 1: Pre-contemplation
- Stage 2: Contemplation/awareness and acceptance
- Stage 3: Preparation for change
- Stage 4: Action
- Stage 5: Maintenance
- Stage 6: Relapse

The characteristic features of each stage are described below.

Stage 1: Pre-contemplation

The person:

- has no intention of changing behaviour
- is not aware of the negative consequences of the risk behaviours
- is aware of the negative consequences but is not willing to change
- is in denial of the risks and negative consequences
- is unwilling to discuss their risk behaviour with others.

Individuals in this stage need to become aware of the risks associated with, and possible consequences of, their present behaviours. Conversations should be backed up with concrete evidence as far as possible. Various initiatives such as mass media awareness campaigns have a role to play in this regard, alongside the efforts of the peer educator.

Stage 2: Contemplation/awareness and acceptance

At various points in this stage, the person:

- is aware of the immediate dangers of their risk behaviour but is hesitant and reluctant to make changes
- declares their intention to change but lacks a clear strategy to do so
- is aware of the health risks of their present behaviour and its causes, and is willing to analyse their situation and discuss it
- finally declares their willingness to implement change.

Those at this stage need help to consider the pros and cons of engaging in harmful or risk behaviours, the choices available to them and potential challenges. They can start thinking of a suitable action plan that will help them move into the next stage.

Stage 3: Preparation for change

The person:

- gives definite indications of their willingness to change
- makes decisions about the changes that are possible for them
- develops an action plan for the near future (e.g. for the next six months)
- is willing to consult specialists for support to better implement their action plan
- realises that the changes identified are good and meet their particular needs.

Motivation and capacity-building are needed at this stage to help the person to develop their decision-making skills, face external pressures and learn how to adjust to their new behaviour. Assistance is also needed in developing an action plan, and in knowing about and accessing available referral and support services that will help them to implement their action plan. It is important to develop SMART (specific, measurable, achievable, realistic and time-scaled) objectives for implementation, taking into consideration the time constraints and available resources.

Stage 4: Action

The person is:

- willing and able to adopt the new behaviour, taking small positive steps to reach the desired goal
- willing and able to call upon service providers for support, share achievements so far and discuss what still needs to be done.

Annex 1: The stages of behaviour change

This is a critical stage, as it is tempting to regress to previous stages. So individuals need all the support and encouragement they can get to appreciate the achievements of their small, and perhaps slow, steps. Support, recognition and rewards help, as does focusing on how to overcome potential challenges.

Stage 5: Maintenance

At this stage:

- change becomes an integral part of the individual's life (a way of life)
- the person draws on resources and tools, and takes steps to avoid regressing to old habits and previous stages
- the person can see the benefits of the new behaviour
- the person encourages others to follow suit
- the person participates in a follow-up plan and in outreach and referral programmes.

At this stage, individuals need ongoing support, both from peer educators and through accessing referral services, in relation to the skills and attitudes needed to sustain their changed behaviour. They are also ready to share their experiences with peers and take an active role in raising awareness. They have become experts in the field and can be of assistance to others.

Stage 6: Relapse

Setbacks are normal and part of the process. It is important to understand that setbacks are expected and that help is available, no matter how total the relapse. What is important is working out the reasons for the relapse, and a strategy to help prevent it happening again.

Individuals at this stage may find themselves alone in facing the challenges and lose enthusiasm. The option to revert to earlier behaviours is still present and change itself is scary, taking the individual into unknown territory. Personal and psychological factors may add to the situation, such as deeply rooted self-stigmatisation, which may resurface and prevent the individual from looking after himself.

Annex 2: List of behaviours applying to each behaviour-change stage

STAGES	BEHAVIOUR
Pre-contemplation	■ A sex worker never uses condoms with clients in the Turkish baths/Haman and during massage ■ A young man engages in sexual relationships without using a condom. He thinks that choosing his partners from an affluent social class will protect him from HIV and STIs. ■ A married man engages in MSM penetrative sex without using condoms ■ A man who uses drugs has unprotected sex with men for money to get drugs and often shares needles with his friends
Contemplation/ awareness and acceptance	■ An MSM reads a publication on HIV, reflects on his behaviour and thinks he may have exposed himself to risk of infection ■ A man who injects drugs learns about someone with HIV and realises that he may be at risk ■ A sex worker finds out about an association that distributes free condoms ■ A transsexual learns that using "poppers" during sexual activities can reduce a person's awareness of the sexual risks they may be taking ■ An MSM in a steady relationship for nine months hears about an HIV test centre and wants to suggest to his partner that they should consider getting tested ■ A young MSM hears about hepatitis B and that there is a vaccination to prevent people from getting infected, and wants to know more about how he can protect himself
Preparation for change	■ A sex worker decides to start using condoms with his clients ■ An MSM decides to use condoms in all future relationships ■ A man who injects drugs who sells sex from time to time in order to buy drugs decides to use condoms and not to share his injecting equipment with others ■ A married man who has same-sex sexual relationships decides to buy condoms and use them ■ A married man decides to use condoms while having sex with his wife until he gets tested for HIV, and always with other sexual partners ■ An MSM who recognises that he takes risks while taking recreational drugs decides not to take them when attending a party
Action	■ An MSM always uses condoms for penetrative sex ■ A sex worker takes advantage of peer educators' weekly visits to obtain a supply of condoms ■ A man who injects drugs refuses to share his injecting equipment with others and always carries clean needles and syringes on him ■ A sex worker refuses to have sexual relations without the use of a condom, even in massage parlours
Maintenance	■ An MSM has an accurate perception of his own HIV risk and practises safer sex ■ An MSM has an HIV test every three months ■ An MSM has used condoms consistently for the last four months in all sexual activities ■ An MSM challenges his sex work clients when they refuse to use condoms and convinces them of their benefits ■ An MSM uses condoms consistently and advises his friends to use them as well
Relapse	■ An MSM abandons his earlier strategy to always use condoms ■ An MSM gets himself referred to support services by the peer educator but does not show up for his appointment ■ An MSM is persuaded by peers to revert to his riskier behaviours ■ An MSM is persuaded by financial enhancements from clients to have penetrative sex without a condom ■ Withdrawal of funding for sexual health and drug use referral services make it difficult for the individual to access supplies of condoms or clean needles and syringes, and rather than try to find another source decides to abandon using condoms

Session 2

Risk reduction

Time

1 hour 30 minutes

Objective

At the end of this session, participants will be able to:

- better understand the kinds of situations encountered by MSM and the factors affecting decisions they make.

You will need

- A means of timing one-minute intervals
- A large sheet of paper taped to a nearby wall/stand, masking tape
- One or more sets of five cards, each with a different question and accompanying multiple-choice answers (Annex 3). The overall number of cards required will be half the number of participants

Overview

This session seeks to help participants to better understand the factors influencing potential risk reduction decisions made by MSM.

The exercise for this session is geared towards having participants choose answers. But it is important that you, as facilitator, allow enough time for discussion, and that you correct misinformation and fill any gaps in participants' understanding.

It is also important to make clear that for most of the questions there may not be a single correct answer, as individual choices may vary depending on particular circumstances.

Activity: Choose and take action

Step 1: The buzz exercise (30 minutes)

1. You will need an even number of participants for this exercise.
2. Ask participants to sit in two rows of five, facing each other. If there are more than 10 participants, set up multiple sets of two rows of five.
3. Give each participant in the first row one of the five Q&A cards. Instruct them to read the question and the multiple-choice answers to the person sitting opposite them.
4. Instruct the person sitting opposite them to choose one answer, and note their choice. After one minute, ask everyone in the respondents' row to stand up and move one chair to their right. The person who had been at the end of the row now moves to the beginning.
5. Those asking the questions remain in their original chairs. They now put the same question to the respondent newly seated opposite them. This process is repeated until respondents have been asked and replied to all five questions.

Step 2: Sharing and discussion (60 minutes)

6. At the end of the exercise, ask the team with the Q&A cards to display these on the sheet of paper for all to see. Ask one participant to read out the first question and accompanying answers. Ask those in the respondents' row to share what they chose as their reply and why. Invite general discussion of the choices made. Pay particular attention to areas of contention or disagreement between participants, and to any choices that were excluded by all.
7. Explore what participants believe would be the consequences of the various choices listed for each question. Correct any inaccurate or unrealistic answers. Where relevant, inform participants, with practical details, of the options that are in fact available to MSM, and what are and are not used in practice.

Annex 3: Q&A cards

What do you think MSM might do when they think they may have an STI?

- Nothing
- I do not know
- They go to the pharmacist
- They tell their parents
- They tell a friend
- Other (specify)

What advice would you give to a young MSM if he became infected with an STI?

- Tell your parents
- Tell a friend
- Tell a mature person who you trust
- Go to the doctor
- I do not know
- Other (specify)

What do you think are the reasons why a young man or woman might avoid disclosing that they have an STI?

- Fear
- Shame
- Does not see any risk
- I do not know
- Other (specify)

An MSM has become infected with an STI and wants to confide in someone. What sort of person would he choose?

- Someone who is trustworthy
- A peer
- A doctor
- Someone who knows how to keep a secret
- Someone from his family
- Someone who is already infected with an STI
- His sexual partner(s)
- Other (specify)

Would a man who is open about his sexual orientation face the same risks as a man who conceals it?

- No, because being open means he can seek advice on protective measures and get prompt treatment for STIs
- No, because he can better deal with cultural and peer expectations to have girlfriends and get married
- Yes, because he will still face the same pressures from society to have girlfriends and get married, and to keep his MSM activities hidden
- Yes, because judgmental health professionals will make it harder for him to access appropriate services
- Other (specify)

Session 3

Safer sex

Time

2 hours 15 minutes

Objective

At the end of this session, participants will be able to:

- demonstrate the proper use of condoms
- discuss the explanations people give for not using condoms, and find alternative and convincing arguments to counter these explanations
- talk about condom-safe lubricants and where they can be purchased from
- discuss information related to the use of lubricants
- discuss various other sexual practices apart from anal sex.

You will need

- Flipchart, large sheets of paper, markers, masking tape
- Male condoms (one per participant and a few spares)
- A condom-safe lubricant sachet for each participant (if available) or other condom-safe lubricant
- Handouts (one copy per participant) of:

  Annex 4: General information about the male condom

  Annex 5: How to use the male condom

  Annex 6: Information about lubricants

  Annex 7: Excuses and counter-excuses

  Annex 8: Safer sex without condoms

Overview

This session enables participants to ensure accuracy in their understanding of the variety of safer sex options, and their effectiveness and limitations. It also helps them to develop their skills and confidence in discussing and demonstrating the use of condoms.

Activity: Safer behaviour and the use of condoms and lubricants

Step 1: Presentation on the male condom (30 minutes)

1. Begin by talking about condoms and their use-by date, trying to supply information that may be new and fun for participants. Move on to condom standards available on the market and how to safeguard them until use.

Step 2: Demonstration on the correct use of condoms (30 minutes)

2. Demonstrate condom use involving a mock-up penis (alternatively, the demonstration can be done on a cucumber, a banana or the finger of one of the participants).
3. Remind participants that demonstrations cannot take place in the street, but only in a private home or a Turkish bath/ Hammam. The important thing is to provide educational material illustrating the use of condoms during the street intervention.

   Note: it might be a good idea to explain about the female condom and its use even though it is not widely available in the MENA region. Do what you think is suitable for the situation. And don't forget that some MSM may also have sex with female partners. Use your judgment, and if need be allow for extra time and resources.

Step 3: Information about lubricants (15 minutes)

4. Ask participants how much they know about condom-safe lubricants and the choices available, and correct any misinformation.
5. Get the group to repeat the demonstration on the use of condoms. Even if they protest that they know how to do this, encourage them to complete the exercise. Explain that the aim is to ensure that they can share this information confidently and simply with their peers.

Step 4: Discussion about excuses (45 minutes)

6. Divide participants into small groups (four to six per group). Give each group a large blank sheet of paper. Ask them to draw a line down the middle of the paper and list on one side all the excuses men give for not using a condom.
7. After 15 minutes, ask each group to pass their paper to the group on their left (ensuring that the last group gives their paper to the first in the chain). Ask them to look at the excuses listed, and on the other half of the paper write an argument against that excuse (15 minutes).
8. Finish by reading out all the excuses and counter-arguments. Correct, add to and modify any as necessary, using the information in Annex 7 (15 minutes).

Step 5: Safer sex without the use of condoms (15 minutes)

9. Explain that some safer sex practices may not involve the use of condoms, but emphasise the importance of effective protection of oneself and one's partner from an STI.
10. Discuss practices that give pleasure without the use of condoms, and that remove or reduce the risk of infection with HIV or another STI (Annex 8).
11. Explain that some, such as body rubbing, may not be a risk for HIV infection but could carry a risk for STIs that are transmitted from skin to skin; for instance, herpes simplex virus.
12. Remind participants that while condoms provide an effective barrier against HIV during anal or vaginal sex, they do not protect against all STIs.

Annex 4: General information about the male condom

Condoms have been used for centuries. The male condom is a protective sleeve that is worn over the penis. It is available in different sizes, colours and flavours. It is rolled over the penis during penetrative sex, from time of erection until after ejaculation and withdrawal from the partner.

When buying condoms, users should check that they:

- are made of latex or polyurethane
- do not contain nonoxynol material (N9)
- have water-based or silicone-based lubricant (condoms should never be used with oil-based lubricants as they damage the condom)
- are electronically tested and kite marked (ET)
- have an up-to-date expiry or use by date
- are not in display units/shelves that are in direct sunlight, near heaters or in extra-hot areas
- have unopened packaging.

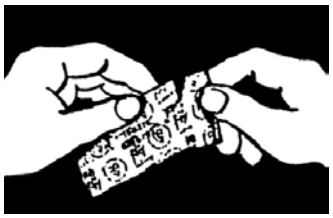
When storing condom before use, do not place in hot places or expose to sunlight.

Annex 5: How to use the male condom

1

Open the condom wrapper using the easy-tear edges.

Open the foil with your fingers – don't use scissors, teeth or any other sharp instrument.

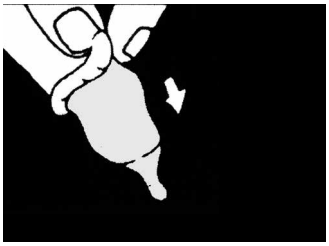


2

Squeeze out the air bubble when opening and put it on covering the whole of the fully erect penis. You can use a water- or silicone-based lubricant on the outside – but no creams, oils or petroleum-based lubricant – to help with penetration.

3

Immediately after ejaculation, withdraw the penis, making sure the condom does not slip off during withdrawal. Then remove the condom, tying it up and disposing of it in the bin. Condoms must only be used once. If the condom comes off before ejaculation do not put the same condom back on.



Don't use two condoms at the same time.

Annex 6: Information about lubricants

A lubricant is a water- or silicone-based liquid that is spread over the male condom to help with penetration during sex and add pleasure to the experience. It also reduces the risk of anal tears or pain to the person being penetrated.

Lubricants have a use-by date and should be always water or silicone based and never oil or petroleum based, which includes Vaseline. Lubricants do not kill sperm.

Annex 7: Excuses and counter-excuses

EXCUSES FOR NOT WANTING TO USE A CONDOM	COUNTER-EXCUSES
I don't have any STIs so why should I use a condom?	There are no external signs of HIV infection, and some other STIs may likewise not always have evident symptoms. Using a condom will protect you and your partner. You can't tell by looking whether you or your partner has any infection that can be passed through sex.
Using a condom reduces sexual pleasure	For some people, using a condom does reduce some sexual pleasure a little but for others not at all. Some people like using condoms as they reduce some sensation and therefore they can last longer before ejaculating/reaching orgasm. You and your partner can also attain sexual pleasure in other ways during sex. Compare the consequences of being HIV infected for life because of not using a condom with the slight change in sexual experience brought by using a condom.
I lose my erection when I use a condom	Some people do lose their erection when first trying to use condoms but that does not mean that this will always happen. It is a very good idea to get used to using condoms alone before being in a situation where you have to use them with a sexual partner. Getting used to masturbating and coming (ejaculating) while wearing a condom can help prepare you for the time when you will wear a condom with a sexual partner. If you have a persistent problem maintaining an erection with a condom, seek medical assistance. The problem might be physiological or psychological and nothing to do with the use of the condom.
I know my partner very well and therefore I don't need to use a condom	You cannot tell whether a person is infected merely by looking at them. The condom is the most effective protective measure.
Using a condom is against my religious beliefs	All religions ask us to respect life: our own and that of others. When condoms are used to reduce the risk of HIV infection, they are being used to protect life and not prevent life (i.e. as a contraceptive). The latter is the reason why some religious leaders condemn condom use. You need to distinguish between protecting and preventing.
Condoms are not always available	Get into the habit of carrying a condom if you wish to protect yourself whenever you are sexually active. There is always the chance of having sex when you go out, so be prepared.

Annex 8: Safer sex without condoms

Not all sex involves penetration, and it is possible to come (have an orgasm) without penetration and reduce the risk of HIV/STI transmission. Some possible sexual practices include:

- Masturbation
- Mutual masturbation
- Erotic massage
- Sharing sexual fantasies and erotic play
- Using sex toys like vibrators and butt plugs – but it is important not to share them, or to cover them with a condom if they are shared
- Phone sex
- Cam-to-cam communication online, which could include sex chat
- Body-to-body rubbing, however genital to genital contact can put partners at risk for human papillomavirus (HPV).

Session 4

Time

1 hour 30 minutes

Objectives

At the end of this session, participants will be able to:

- discuss the importance and objectives of the intervention for at-risk groups
- prepare the content of information and education messages
- identify appropriate/ motivational ways to facilitate behavioural change.

You will need

- Large sheet of paper, with a table drawn on it with headings and columns as shown in Annex 11
- Flipchart, A4 paper, pens
- Copies of case studies 1–3 (Annex 10) with the discussion questions (enough of each case study for individual use in one of of the three small group discussions)
- Handouts (one per participant) of:

  Annex 9: Outreach and peer education

  Annex 10: Case studies and questions

  Annex 11: Answers to the questions in the case studies

Identifying the components of outreach interventions

Overview

This session prepares the ground for talking about interventions in practice in outreach work, and what can and cannot be done.

The exercise below may elicit comments that seem judgmental or prejudiced. You will need to remind participants of the ground rules for these workshops, and be prepared to challenge and discuss any unacceptable behaviours or positions.

Encourage active participation and constructive criticism.

Activity: The what, why and how of intervention initiatives

Step 1: Brief presentation on outreach work (10 minutes)

1. Give a presentation to the large group on the function of outreach work and the role of peer educators (Annex 11).

Step 2: Group work and presentations to the large group (1 hour)

2. Divide participants into three groups. Give each group one of the three case studies and discussion questions (one copy for each participant). Also give each group a large sheet of paper. Ask them to write “Case study 1” (or 2 or 3) as a heading for the page.
3. Ask them to draw a table with four columns, one for each question, with titles as provided in Annex 11. Ask them to discuss the questions listed under their case study and then complete the table with the key points identified for each question/heading (45 minutes).
4. Ask each group to presents its work (15 minutes).

Step 3: Q&A (20 minutes)

5. Discuss what has been presented and elaborate as needed. Use Annex 11 to supplement points presented and stimulate discussion. Explain that the examples in the Annex 11 handouts to be distributed later are not definitive or comprehensive, but are simply there to help discussion. Round up with a general discussion and Q&As raised by the case studies.

Annex 9: Outreach and peer education

The outreach programme enables field workers to:

- identify the features of target groups (risk behaviours, knowledge, skills, services available)
- build trust with the target group and help them to open up, and start suggesting project ideas that suit their circumstances
- understand the stages of behaviour change they are going through
- help in reducing harmful behaviours and their impact, both on those involved and on community members
- provide support and refer them to the various local counselling, education and skills development services that can support their efforts to change their risk behaviours
- make available appropriate resources to address STIs
- mobilise the wider local community and raise their awareness of the various issues identified in working with MSM.

During outreach, the peer educator will:

- provide information tailored to the needs of the MSM they meet (whether gay, transsexual, heterosexual identified etc.), and in particular, information about reducing risk from HIV and other STIs, and drug use
- discuss potential risk behaviours and particular needs of the target groups
- distribute risk reduction resources – male condoms and lubricants, information flyers, hotline numbers and details of other support services.

It is also important to assess the intervention and write a report for future follow-up.

This initial approach relies on the peer educator's knowledge about HIV prevention, STIs, drugs and reduction of risk behaviour, and their ability to communicate effectively with the target group. Understanding the behaviour change stages is important, as is the ability to match the specific stages with provision of appropriate guidance and support for risk reduction.

Annex 10: Case studies and questions

For each of the case studies, answer the following questions:

- *What are the risk behaviour(s) that the subject of the case study is engaging in?*
- *Is it important to intervene and why? What are the behaviours that the peer educator should pick up on?*
- *What should you do? What educational message and helpful advice can you give him?*
- *What skills and incentives can you provide to facilitate change to lower- or no-risk behaviours?*

Case study 1

Farid is the younger brother of Wissam, a friend of yours. You grew up in the same neighbourhood and went to the same school. Farid is very handsome and has always enjoyed the company of girls more than boys. The boys used to bully him, which you associate with the fact that he was very handsome and did not enjoy boy's games, preferring art, dancing and less boisterous activities.

Wissam comes to you one day to ask for help. He has seen gay pornographic magazines (a gift from a western friend) in his brother's room, and two months ago his mother discovered a letter Farid had written to a friend, his first love, who has left him. His mother was outraged and told Wissam's father. As a result, his father banned him from returning home before seeing a psychologist, labelling him a "handicap" and gay who has brought shame to the family. Farid has moved in with a friend of his.

Wissam is worried about his brother and has come to you because he knows you work for an association that deals with these issues. He explains that their father has stopped giving Farid money and that Farid's friend, who is a sex worker, is covering all household expenses. He would like you to talk to Farid: to try to steer him away from same-sex relationships, and from using sex work as a source of income.

He tells you that Farid frequents a place that you and your colleagues visit in your outreach programme.

Case study 2

Toufik, an 18-year-old friend of your younger brother, approaches you. You have noticed that lately he's been taking extra care of his looks, and the way he dresses looks strange: he chooses very tight and revealing clothes. You have also noticed that he's been attracted to a young guy and you overheard him say that he is planning a holiday in the company of this guy and other friends.

You wonder how he can afford new clothes. He claims he gets generous tips from working in a café.

A few weeks ago, you noticed something different: he isn't eating much, he keeps to himself, and he has become "edgy". Although he has been distant from you, today he approaches you and asks for help.

Case study 3

Eman (formerly Ramy) was a handsome guy who was only attracted to men. As the oldest son, he became the sole breadwinner from a young age when his father passed away. He continues to support the family financially, especially his younger siblings, by working at a laundromat owned by Abu Walid, who has a reputation for harassing young males.

Eman has always looked effeminate and everyone refers to him as a girl. Five years ago, he left town and had sex reassignment surgery. By coincidence, you see her in a place frequented by MSM where you carry out your intervention and awareness campaigns. You immediately recognise each other and she confides in you that she is worried she has contracted HIV from her HIV positive sexual partner of one year. She does not know what to do. Although she wants to be tested, she is afraid people will find out. She feels this is the love of her life and she plans to travel with him overseas. This is her only chance in life and she wants to raise $5,000 for this trip.

Annex 11: Answers to the questions in the case studies

CASE STUDIES	RISK BEHAVIOURS AND RELATED FACTORS	WHAT INTERVENTION AND WHY? BEHAVIOURS TO PICK UP ON	EDUCATION AND ADVICE	SKILLS AND INCENTIVES
Case study 1	His father did not accept his sexual orientation	Discuss his present situation and the choices he is making or forced to make. He may have started engaging in commercial sex and be exposed to STIs	He needs to use the male condom as a sex worker	Practise negotiating the use of condoms with client
	Leaving home		Introduce the condom and correct use	Correct false beliefs related to refusal to use a condom
	He is broke and lives with a sex worker		Encourage him to get tested for HIV	Focus on the benefits of protection and of risk reduction strategies
	He is threatened by his family		Explore possibilities of family reconciliation and education	He needs to protect himself if he wants to engage in sex work
			Refer to the nearest centre for HIV testing and counselling Provide condoms	Explore alternative earning options if he wants to consider this Refer to local associations (if any) to find paid work
Case study 2		He has an STI, is a sex worker, and may not be protecting himself and his clients by using condoms during high-risk sexual encounters. This is further challenged by his psychological state	Awareness about STIs and the importance of self-protection	Show him the benefits of seeking medical assistance
	Going through a tough time and facing identity issues alone	Provide psychological support	Psychological support if infected and referral to a doctor	Support him to develop a SMART risk reduction strategy
	Is engaged in sex work and is infected with an STI	Refer him to a specialised association for the necessary tests	Information on wider sexual health services and resources	His health is important and he needs to look after himself

Annex 11: Answers to the questions in the case studies

CASE STUDIES	RISK BEHAVIOURS AND RELATED FACTORS	WHAT INTERVENTION AND WHY? BEHAVIOURS TO PICK UP ON	EDUCATION AND ADVICE	SKILLS AND INCENTIVES
Case study 3	She may have HIV. She needs money, which is pushing her to engage in sex work	Information on the importance of early testing for HIV	Negotiating the use of condoms	Discuss what she could disclose to whom, and what support she would need
	Her lifestyle may expose her to harm	The link between the risk behaviour (in this case of STIs) and its impact on herself and her sexual partners	Convincing message on the importance of having the necessary tests	Trusting you and confiding in you. Finding out about her health condition at an early stage is better than ignoring it and others finding out. She needs to find out in order to decide whether or not she can travel

Session 5

Time

3 hours 20 minutes

Objectives

At the end of this session, participants will be able to:

- understand the communication cycle and its components
- test their abilities to communicate information effectively about the prevention of HIV and other STIs
- find out what helps and what hinders the communication process for the prevention of HIV and other STIs
- assess verbal and non-verbal communication skills and their use in their outreach work
- listen effectively to beneficiaries in the street.

You will need

- Large sheets of paper, markers, masking tape
- Diagram of the communication cycle on a large sheet of paper
- Handouts (one per participant) of:

  Annex 12: Introduction to the communication process

  Annex 13: The communication cycle and its components

  Annex 14: What helps and what hinders effective communication

  Annex 15: Tips on effective communication and listening skills

Communication skills

Overview

This session allows participants to strengthen their communication and listening skills, and develop their ability to discuss sensitive topics. They will evaluate these skills with the facilitator, analyse case studies and use role play.

The session is divided into two parts:

- **Part 1.** Communication and its components and testing our communication skills (2 hours)
- **Part 2.** Listening skills (1 hour 20 minutes).

As a facilitator, you need to:

- encourage everyone to participate
- set rules to encourage constructive criticism
- encourage participants to use their own experiences of not being listened to and how that made them feel.

The exercises in this session will help you to assess how much the participants know about HIV and other STIs. Focus on communication rather than correction. Make a note of any lack of knowledge and revisit this in future sessions.

Activity: Part 1. Communication and its components and testing our communication skills

Step 1: Brainstorming and presenting illustrations (30 minutes)

1. Present the communication process and the different types of communication (Annex 12).
2. Explain the components of the communication process and the communication cycle (Annex 13).
3. Present and discuss the factors that help and hinder effective communication (Annex 14).

Step 2: Group exercise (30 minutes)

4. Divide participants into five groups and give each group one topic from the list below.
5. Ask one person in each group to play the role of peer educator and another that of the client. Instruct the remaining members of each group to act as observers, noting down what helps and what hinders the communication process. Emphasise that they DO NOT interfere, make comments or otherwise show any reactions.

   The topics

   - *What is HIV and how does it affect the immune system?*
   - *How is HIV transmitted and what are the prevention methods?*

- *What are STIs? What are their symptoms and complications?*
- *How can we prevent STIs?*
- *When choosing condoms, what do you check, watch out for, and what is the correct way to use them?*

Step 3: Feedback and discussion (1 hour)

6. Give each group a large sheet of paper. Ask the observers to draw a line down the middle and head one side "What helps?" and the other side "What hinders?" Ask the observers in each group to discuss the helps and hindrances they have noted during the role play and to list these on their large sheet. The two people who have role played should not participate in this part of the exercise.
7. When the observers have completed their lists on the large sheets, invite the "peer educators" and the "clients" to give their feedback on the comments, assuring them that the points are not a personalised criticism of their performance. Defuse any tendencies to defensiveness or accusations/ negative criticism. Ask the "peer educators" and the "clients" to share how they felt playing their roles. Close by summarising what helps and hinders the communication process, emphasising the characteristics of the message, the messenger and the receiver (Annex 14).

Part 2. Listening skills

Step 1: Partner exercise (15 minutes)

8. Ask participants to pair up and to tell their partner about an important event/ incident that happened to them in the previous week. The listening partner should listen carefully. Reverse the roles and repeat the exercise.
9. Repeat the full exercise again, with partners taking turns to tell and to listen. Instruct the listening partner not to pay attention this time around.

Step 2: Discussion and summary (35 minutes)

10. Ask participants to describe their feelings when they felt listened to and then when they were not listened to. Ask participants to share what they felt helped them to listen to their partner's story and what hindered. Summarise the main feelings that emerged and the key helps and hindrances.

Step 3: Presentation (30 minutes)

11. Present and discuss the factors that enhance effective communication and listening (Annex 15).

Annex 12: Introduction to the communication process

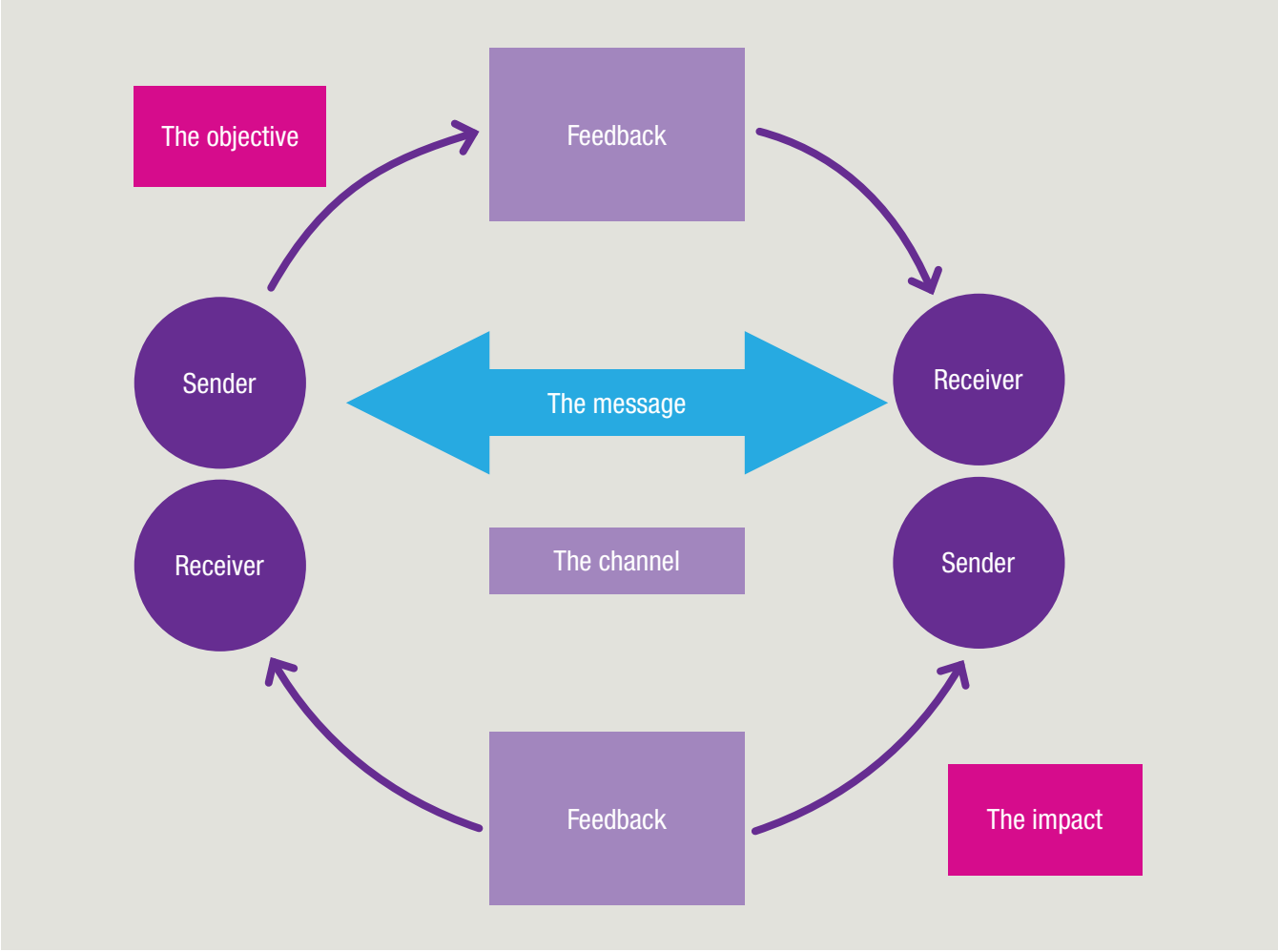
Communication is a basic human need and a two-way process, which includes:

- understanding the thoughts and feelings expressed by others
- responding in a helpful and beneficial way.

There are three types of communication: verbal (words and terms), non-verbal (silence, dress style, tone of voice, facial expressions and body language) and written (letters, books, stories, etc.). By learning to use communication effectively, we can achieve certain outcomes. For example, by successfully relaying information on health education, we can influence healthier behaviour in the target group.

Annex 13: The communication cycle and its components

The sender chooses a target for communication, prepares their message and sends it via a particular channel. The receiver attempts to understand it and then responds to it. At this point, the receiver becomes the sender, expressing what they understand from the message (feedback). When the original sender receives this feedback, they become the receiver and can assess whether they successfully conveyed their original message. This goes on, back and forth (see the diagram below).



Annex 14: What helps and what hinders effective communication

	WHAT HELPS	WHAT HINDERS
The sender	■ No preconceived judgments ■ Good listener ■ Able to discuss the topic in a positive way ■ Good knowledge of the subject matter ■ Patience and a balanced approach ■ Self-confidence ■ Trusted by the receiver ■ Engages the receiver ■ Able to convince ■ Good listening skills ■ Ability to control expressions, feelings, body language and tone of voice	■ Bias caused by different perceptions: cultural, social, religious and sexual ■ Insufficient knowledge of subject matter ■ Weakness in communication skills (voice, presence, supporting audio/visual materials) ■ Lack of good listening skills ■ Lack of self-confidence ■ Prejudice or negative attitude towards the subject and/or the target group
The message (contents)	■ Scientifically proven, clear and consistent ■ Acceptable by and appropriate for the target (respects culture, educational and financial status) ■ Realistic (timing, effort and resources) ■ Addresses a need by the target group (the receiver)	■ Sensitivity or taboos related to the message prevent clarity ■ Does not relate to the target group ■ Does not take into consideration the way of life and attitudes of target group ■ Unrealistic and unachievable ■ Ambiguous ■ Gives conflicting information
The channel, visual and audio methods	■ Makes use of all the senses ■ Connects emotionally ■ Scientific and logical ■ Appropriate and varied: music, spoken word, poems, pictures, models ■ Matches the skills of the receiver (language, literacy etc.)	■ Inappropriate for target audience ■ Does not respect local customs, traditions and culture ■ Not available ■ Unclear/ambiguous ■ Undiversified (does not use all senses)
Receiver/ beneficiary or target group	■ Interested in the topic ■ Is willing to participate ■ Open-minded and receptive ■ Trusts the sender ■ Can understand the sender's message	■ Limited ability to understand the message as intended by the sender ■ Negative attitude towards the sender (lack of confidence/trust, previous negative experience) ■ Thinks they know it all ■ Believes the message is not useful ■ Believes the message is not relevant ■ Has predetermined positions towards change ■ Friction within a target group ■ Drug use
Time/location (external influencing factors)	■ Timing and location of communication suits the receiver ■ Location is safe and accessible ■ Location is comfortable for sender and receiver (e.g. seating, heating, hygiene etc.)	■ Inappropriate timing by the sender ■ Inappropriate choice of location ■ Bad sound ■ Bad lighting ■ Publicity of event causes local hostility

Annex 15: Tips on effective communication and listening skills

	TIPS
Planning	■ Identify your target audience ■ Determine the objective of your message ■ Create your message ■ Pilot test it before agreeing final version ■ Choose an appropriate delivery method ■ Identify the evaluation criteria of the message ■ Evaluate the communication process ■ Choose a good time/location: no background noise, good lighting, etc. ■ Evaluate prior and post communication
Improving verbal communication	■ Use simple language and rephrase where needed ■ Clear explanation using illustrations and examples ■ Address the receiver to suit their character ■ Reduce stress ■ Avoid criticising others ■ Motivate, avoid giving advice, use persuasive messages that encourage and help the person to believe they can change ■ Avoid bargaining or blaming ■ Ask open-ended questions to help guide the discussion ■ Summarise the conversation from time to time, ensure the flow of the discussion and check that you have understood correctly ■ Speak clearly ■ Encourage conversation with responses such as "*Yes, carry on…", "What happened after that?*" and "*Yes, but…*" ■ Do not coerce or otherwise pressure the receiver to engage in the communication, to disclose what they do not wish to disclose, or to commit to an action ■ Remember that conversations are only beneficial with willing participants **Use the following techniques:** ■ Paraphrase ■ Use complete sentences and messages ■ Repeat back information from the receiver; e.g. "*I understand you are afraid of your partner's reaction when he finds out you have HIV.*" ■ Clarification – keep the communication clear, lay out the facts and clear up misconceptions ■ Repetition – repeat the sentence and the message, and make sure the receiver has understood ■ Summary – on completion of one stage of the conversation, summarise what was said. This confirms mutual understanding and helps to focus on important points and major decisions reached ■ Focus – helps to centre the conversation and focus on what is relevant ■ Connectivity – link ideas, behaviour and culture to incidents to better understand the "*problem*"; e.g. "*Do you notice that when you avoid talking with your family they get upset with you?*"

Annex 15: Tips on effective communication and listening skills

	TIPS
Improving non-verbal communication	■ Use body language that is empathetic but without giving the receiver ambiguous signals of affection ■ Communicate at the same level (sit if they sit, stand if they stand) ■ Don't sit too far away from the receiver ■ Avoid sarcasm ■ Don't yawn or show that you are bored ■ Make eye contact ■ Use a moderate tone of voice ■ Avoid gestures or facial expressions of disapproval or judgment
Feedback	■ Constructive and not based on preconceptions ■ Clear and accurate; reflects a realistic, objective and transparent process

IMPROVING LISTENING SKILLS OR POSITIVE LISTENING	
DO	DON'T
■ Make eye contact ■ Pay attention to what is being said and what is not – verbal and non-verbal communication ■ Treat the receiver as a worthy human being; give feedback ■ Listen to terms and words used ■ Note helpful and important facts ■ Only form your opinion after listening to everything ■ Widen your vocabulary to increase comprehension skills ■ Avoid arguing with the sender ■ Be attentive/don't generalise ■ Avoid prejudices/personal biases	■ Allow yourself to be preoccupied with personal issues ■ Allow terms or language they use to make you react and lose focus otherwise you will stop listening and shift your attention ■ Listen without paying attention, look at the sender without hearing what is being said or get absorbed in your own thoughts

Session 6

Communication during outreach

Time

1 hour

Objectives

At the end of this session, participants will be able to:

- identify communication barriers to undertaking outreach work and know how to overcome them
- feel confident about their own skills and ability to communicate.

You will need

- Flipchart, large sheets of paper stuck to walls/boards (wall panels), masking tape, A4 or notebook-sized sheets of paper and pens – one per participant
- Handouts (one per participant) of:

  Annex 16: Communication barriers in outreach work (this handout will be completed after the workshop with additional material agreed by participants)

Overview

This session explores concerns that participants may have about their ability to communicate during outreach work, and any inclinations to compare themselves and their abilities unfavourably with others in the group. The session is not about the practical challenges and risks they face in outreach work but about dealing with barriers to communication that they may experience.

Activity: Identifying and addressing communication challenges

Step 1: Brainstorming (15 minutes)

1. Ask participants to brainstorm all potential communication barriers encountered during outreach work, whether by themselves or by others in their programme. Clarify that this is not about the practical challenges and risks they face in outreach work but about dealing with barriers to communication that they or others may experience.
2. List on the flipchart the key words for each barrier named. Add any barriers not mentioned that you consider should be included in further work in this session.

Step 2: Discussions in pairs (15 minutes)

3. Ask participants to work in pairs. If some have already been doing outreach work, ask them to pair up with newer recruits. Allocate one or more of the barriers listed on the flipchart to each pair until all are distributed. Ask each pair to discuss the barriers allocated and propose ways of overcoming these, either drawing on their own or others' experiences or from suggestions that occur to them. Ask them to write their answers on A4 or similar papers supplied in two columns (Annex 16). Draw an example on flipchart paper to demonstrate.

Step 3: Summary (30 minutes)

4. Ask each pair to stick their pages onto the wall panels. Ask participants to circulate and read all of the pages (10 minutes). Invite comments, queries, additions or corrections, and wider discussion. Note all additions and corrections agreed during discussions. Tell participants that Annex 16 for this session will be expanded to include the points agreed.

Annex 16: Communication barriers in outreach work

BARRIERS	WAYS TO OVERCOME THEM
Difficulties in building trust between peer educators and beneficiaries	Allow time simply for developing a relationship with the client in order to gradually build his trust and engage his interest. Then focus on the objective of your communication.
The street environment – noisy, no privacy, judgmental looks and interruptions	Be attentive to who may be able to hear your conversation. Stay focused and objective, and avoid taking things personally when others appear to be judgmental.
Time limit	Communicating in the street is usually time restricted, so give as much appropriate information as possible to peers within that time.
Nature of the topics and awareness material distributed – raising awareness about and discussing prevention of HIV and other STIs can be complex and often sensitive. The peer educator sometimes needs to ask personal questions, especially when it comes to prevention	Listen carefully to the client's verbal and non-verbal messages. Note their degree of comfort with the conversation, the time taken and the location. Introduce the awareness and prevention topics gradually as part of a wider conversation, without forcing them on the beneficiary. When giving information, education and communication material, ensure that both you and the recipient handle this discreetly.

Session 7

Life skills

Time

3 hours 30 minutes

Objectives

At the end of this session, participants will be able to:

- understand the key components of the decision-making process and how these can be applied to their work and their personal lives
- employ decision-making and negotiation skills more effectively
- identify various pressures that can be exerted by their peers during outreach/peer education work
- use assertive positive behaviour to counter peer pressure
- employ negotiation skills to communicate clear and definite messages.

You will need

- Flipchart, large sheets of paper, markers, A4 or similar-sized sheets of paper (two to three per participant)
- Case studies A, B and C and the questions for discussion (see below), all typed on the same A4 sheet (one copy per participant)
- Handouts (one per participant) of:

  Annex 17: Stages in the decision-making process

  Annex 18: Dealing with peer pressure

  Annex 19: The assertive message and resistance

Overview

In this session, participants will develop decision-making and negotiating skills that can serve them in their everyday lives as well as in work. On a practical level, these skills may help to deal with problems such as harassment, violence, cynicism or unruly behaviour.

Skills learnt in this session are also important for participants' outreach work and can be applied when dealing with clients in the street, helping them to sustain their chosen risk reduction strategies and to resist peer pressure to revert to risky behaviours.

Activity: Decision-making, negotiating and giving a clear message

Step 1: Pair work (20 minutes)

1. Remind participants of the characteristics of a peer educator, as discussed in Session 4. These include an ability to negotiate, make decisions, confront peer pressure and challenges from peers, and avoid violence.
2. Ask participants to work in pairs. Distribute the case studies, allocating one of the three to each pair – perhaps by numbering the pairs off sequentially. Ask each pair to apply the questions below to their allocated case study and to discuss their responses. Ask them to record these on their A4 or notebook pages supplied.
   - *How will you face the challenges presented in this case study without getting into trouble?*
   - *How will you intervene to come up with the behaviour that is least provocative and least dangerous for yourself and for the programme?*
   - *What will your decision be, and how will you counteract any pressures from peers or any provocative comments?*

Case studies

A. The beneficiary starts harassing you while you are conducting a peer education session with him in the street. His friends join in, and deride the information you are giving and mock you.

B. During your peer education session, an old friend (with whom you had a sexual relationship) comes along and starts hassling/jeering at you. He asks you to join him for a drink and promises to listen to what you have to say after you join him and his friends.

C. During your peer education session, you are approached by the leader of your target group, who starts asking questions about you and the project. He wants to introduce you to his friends, providing you meet him straight after the session. He puts his arms around you, trying to seduce you.

Step 2: Presentation of the pair work (45 minutes)

3. Ask all the pairs who were working on the same case study to form a single group. Give each group a large sheet of blank paper (with the option for more if they need it) and a marker. Ask the group to share their answers to each question for the particular case study they were considering, and to decide on those they want to put forward. Ask them to write the questions, along with one or two sentences for each of their agreed responses, on the large sheets of paper.
4. Ask them to write the identifying letter of the case study on their completed sheets of paper and to put these up as wall panels. Invite groups to read the wall panels for the two case studies they have not considered. Check if there are any questions or clarifications needed for any of the wall panels.

Step 3: Presentation on decision-making stages (15 minutes)

5. Present and discuss the decision-making stages (Annex 17). Distribute the A4 copies of this to participants. Explain how understanding and applying these stages can help peer educators to react more swiftly and effectively to a threatening or problematic situation

Step 4: First role play (20 minutes)

6. Ask one group to volunteer for the role play. Choose a case they have already analysed in Step 1 and ask them to perform it as if they were in the street.
7. Ask the group to choose one member to play the role of the peer educator and another to play the role of any other leading character in the case study. Ask the other group members to play the role of the group of beneficiaries in the street.
8. Ask all other participants to act as observers, comparing the actions and reactions with the decision-making stages of Annex 17.

Step 5: Discussion (30 minutes)

9. At the end of the role play, ask the players to share to what extent they were able to apply the decision-making stages. Ask the observers to share to what extent they saw the stages being implemented.
10. Have a general discussion on the usefulness or otherwise of the decision stages and on the ease/difficulty in applying them.

Step 6: Presentation on behaviour types (15 minutes)

11. Recap the key pressures applied by peers in each of the case studies: provocation, attempted seduction, harassment, mockery, being asked to participate in risk behaviour, etc. Give a short presentation on the different types of behaviour: indifferent/passive, assertive and aggressive (Annex 18).

Step 7: Presentation on assertive behaviour, and second role play (45 minutes)

12. Distribute copies of Annex 19 to participants. Present the components of assertive behaviour and of communicating assertively.

13. Choose another group to role play the case they have discussed in Steps 1 and 2. Ask the group to choose one member to play the role of the peer educator and another to play the role of any other leading character in the case study. Instruct the peer educator to apply the steps for communicating assertively.

14. Ask the other group members to play the role of the group of beneficiaries in the street.

15. Ask all other participants to act as observers, comparing the actions and reactions with the steps for communicating assertively set out in Annex 19.

Step 8: Discussion (20 minutes)

16. At the end of the role play, ask the "players" to share to what extent they were able to apply the steps for communicating assertively. Ask the observers to share to what extent they saw the steps being applied.

17. Have a general discussion on the usefulness or otherwise of the steps for assertive communication and on the ease/difficulty in applying them.

18. Recap the main points involved in delivering a message assertively.

Annex 17: Stages in the decision-making process

<table>
<tr><th>STAGE</th><th colspan="3">EXAMPLES TAKEN FROM THE CASE STUDIES</th></tr>
<tr><td>Identify the problem</td><td colspan="3">■ Peer pressure
■ Provocative friends wanting me to engage in risk behaviour
■ Being jeered at and propositioned by a former sexual partner while working
■ Harassment or ridicule
■ Lack of focus/not taking the awareness session seriously</td></tr>
<tr><td>Establish my goal(s)</td><td colspan="3">Ask: what do I want to achieve with this particular piece of work? Responses could be to:
■ carry out the awareness session with the peer and get the disruptive person to listen, lessening his provocative behaviour
■ gain this person’s cooperation without negatively affecting the opinion of the others
■ act professionally and avoid being drawn into behaviours at odds with my peer educator role</td></tr>
<tr><td>Identify and consider the multiple choices available to me</td><td colspan="3">■ Proceed and carry out my work in the street
■ Refuse to carry on and leave
■ Postpone the meeting with the peer for another time</td></tr>
<tr><td>Consider any advantages and disadvantages of each possible choice</td><td>Proceed
■ I do what is required of me
■ I achieve my goal
■ I contribute to raising awareness about HIV prevention
■ I risk the situation spiraling further out of control</td><td>Leave
■ I avoid problems
■ I risk losing my job, which I love
■ I accept being harassed</td><td>Postpone
■ I gain time to improve my skills
■ I pull out temporarily</td></tr>
<tr><td>Remind myself of my personal values regarding my work</td><td colspan="3">■ I respect my role and my profession
■ I face challenges and do not take advantage of my position
■ I am committed to my work</td></tr>
<tr><td>Make the decision</td><td colspan="3">Face the challenges and implement the process as planned</td></tr>
<tr><td>Carry out the decision</td><td colspan="3">I inform the source of the problem and my decision, and continue with my work</td></tr>
</table>

Annex 18: Dealing with peer pressure

Any peer educator will experience pressures and challenges when dealing with same-sex or heterosexual relationships, and risk behaviours. They may not want to lose their friendship or relationship with others, but they must also act professionally. So it's important to learn how to deal with someone trying to distract them or to convince them to do something they do not want to do.

It takes courage and determination to build self-confidence and retain the respect of peers. Peer educators should also discuss these kind of challenges with clients and offer guidance on how to overcome them. Not dealing firmly with them may give rise to new challenges (such as being exposed to HIV and other STIs).

THREE TYPES OF BEHAVIOUR AND ASSOCIATED CHARACTERISTICS AND FEELINGS			
PERSONALITY TYPE	CHARACTERISTICS	FEELINGS/DISPOSITION	STATUS
Indifferent/ passive	Does not take a stand to protect their rights	Powerless	Does not get what they want
	Puts others first	Resentful	Not taken seriously by others
	Gives in to others	Disappointed	Others expect them to bow to their demands
	Allows others to make decisions for them/goes with the flow/ demonstrates little sense of their own opinions or values	Worried and passive	Is exploited by others
	Accepts others' sarcastic remarks about them	Feels humiliated	Easily angered
	Never takes the initiative	Feels worthless/ inadequate	Has a negative self-image
Assertive	Fights for their rights while respecting those of others	Content	Does not hurt others
	Has self-respect and respects others	Self-confident	Has self-respect
	Is a good listener	In control	Their rights and the rights of others are protected
	Expresses positive and negative feelings	Self-aware	Has a win–win attitude
	Is self-confident	Competent	Takes others seriously
	Is reliable and true to themselves	At peace with self	Is respected by others
Aggressive	Cares only about their rights	Angry	Domineering
	Cares about themselves at the expense of others	Frustrated	Disrespects others and humiliates them
	Controls others	Bitter	Wins at the expense of others
	Achieves their goals at the expense of others	Ruthless	Others fear but do not respect them
	Goes to any length to retain control and power	Controlling, selfish and ruthless	May cause resentment in others and desire for revenge

Annex 19: The assertive message and resistance

A variety of tactics may be employed by individuals intent on opposing your message and/or whipping up resistance or disruption among their peers. These can include:

- pulling the conversation away from the topic and encouraging others to drift away
- undermining your abilities
- arguing with you, disputing what you are saying
- threatening you verbally or physically
- diverting your audience's attention to other things going on at the same time that are more fun, more interesting, a more appropriate use of their time, more profitable.

There are some practical steps you can follow in order to counteract this behaviour and communicate an assertive message.

STEPS	
1	**Clearly explain the problem and how you feel** Examples: ■ *I don't like you talking to me this way* ■ *Just because I know you does not mean you can talk to me this way* ■ *Your behaviour is very disruptive and does not help* **State clearly what you want to achieve** Always revert to the main topic when someone tries to keep you from delivering your message, distracts you or tries to convince you to do something you do not wish to do. Examples: ■ *Please allow me to finish what I have to say. I have completed training on this topic: what I have to say benefits everyone and it would help if you could listen and let others listen too.* ■ *Even if you do not wish to listen, you have no right to prevent others from benefiting from this information.*
2	**State your request** Examples: ■ *I would prefer to...* ■ *I'd like to... Can you...* ■ *Please do not...* Let the other person express their feelings or their opinions about your request.
3	**Ask how the other person feels about your request** **Call attention to your request and/or your position** **Reject any attempt to change your position** Examples: ■ *How do you feel about the information we talked about?* ■ *Is it appropriate for you?* ■ *Would you like a follow-up session?* At this stage, if the other person tries to convince you of the superiority of their own views, be strict and say "No" very clearly. If need be, leave.

Annex 19: The assertive message and resistance

STEPS	
	Examples: ■ *I am serious about…* ■ *Negotiate a deal to reach a win–win outcome (see example below)* ■ *Avoid confrontation* If the other person agrees, thank them as this is a good way to end the discussion.
4	**A graceful thank you** Examples: ■ *Thank you!* ■ *That's great, I appreciate it* ■ *I am glad this doesn't bother you* ■ *I'm pleased you are willing to help get others involved*

Options for resisting peer pressure include:

- postponing decision-making and giving a firm statement ("*We can discuss the subject later*")
- getting back to the topic ("*Let me finish my sentence/please don't interrupt/I've heard you, please hear me*")
- negotiating a win–win outcome for both parties ("*If you want this, I want that in return…*")
- rejection – a clear and firm "*No*" ("*No. Is my position clear?*").

Session 8

Time

1 hour 30 minutes

Objectives

At the end of this session, participants will be able to:

- consider the components of self-esteem, and the impact of self-esteem on a person's behaviour and on their effectiveness as a peer educator
- identify ways in which they and others can improve their self-esteem.

You will need

- Flipchart, small (A4 or similar) sheets of paper, pens or colouring pencils (one per participant)
- Masking tape or safety pins to fix cards on to clothing
- A5-sized cards (one per participant) with a labelling word written in large marker pen letters on each (details in Step 3)
- Handouts (one per participant) on:

  Annex 20: Self-esteem and self-confidence

Self-esteem

Overview

Every peer educator needs self-esteem and self-confidence to undertake outreach work. Some participants may be shy or lack self-confidence because of their past experience. This session will help them to understand the importance of the awareness work they do through the programme and to build self-confidence.

Activity: Understanding and improving self-esteem

Step 1: Self-portrait (20 minutes)

1. Ask everyone to draw a named self-portrait on a white sheet of paper and to list three positive and three negative characteristics about themselves. Ask participants to share something of what they have drawn with their neighbour.
2. Ask participants to share how they felt when preparing their self-portrait, and how they felt about sharing some of it. Capture key words relating to their feelings on to a flipchart page.

Step 2: Presentation on self-esteem (25 minutes)

3. Explain that there is a link between our own and others' perceptions of our positive and negative characteristics, and our self-esteem. Self-esteem is affected by how others see us and by our own self-image. Sometimes our self-image is harsher than the image others have of us. Challenges tend to affect our self-esteem and our self-confidence (sometimes negatively and sometimes positively), and as a consequence impact on our decision-making ability (Annex 20).

Step 3: Effect of labels on self-esteem (15 minutes)

4. Ask participants to stand in a line with their backs to you. Tell them you are going to put a card which has a single word on it (see suggestions in Annex 21) on their back but they mustn't try to look at it or look at anyone else's. Put one card on each person's back, attaching it to their clothing securely and safely.
5. Ask people to circulate and look at what is on the card on other participants' backs, but without telling the person what it is. Ask them to react to that person according to what they feel about the word. They can use verbal and non-verbal expressions and gestures to convey their reaction.
6. At the end of the exercise, ask everyone to sit down and remove the card (with help, if needed) from their own back and read it.

Alternative Step 3: Real-life examples (15 minutes)

- Ask participants to write down real-life examples of challenges, and discuss the importance of this topic and its link to the training workshop.

Step 4: Sharing and discussion on how labelling affects self-esteem (30 minutes)

7. Ask participants to describe the different sorts of reactions they encountered (i.e. how others treated them when they saw their card), and to say how that reaction made them feel. Did their reactions match the card? Ask them to say how their card makes them feel about themselves (reminding them that the card is not really about them, but just used for the purposes of this exercise).
8. Invite general discussion on the exercise. Bring out again the link between other's perceptions of us and our own self-image and our self-esteem, and the link between self-esteem and behaviours, including sexual behaviour. Discuss the stigmatising and disempowering effects of labelling.

Annex 20: Self-esteem and self-confidence

Personal satisfaction comes from actions, behaviour, knowledge, skills and talents, and is expressed through self-respect, self-confidence and self-esteem. People with good self-respect and good self-esteem are usually respectful, open and objective to others, and avoid damaging behaviour, both in their own lives and in the lives of those around them.

You can improve self-respect, self-confidence and self-esteem by:

- listening to others and appreciating what is being said
- admitting that others' views may be different and yet still of value
- accepting the differences of others – and their different opinions
- gracefully accepting praise from family and friends
- developing a hobby, or particular ability or talent that we have
- avoiding excessive self-criticism when at fault
- listening to constructive criticism from others and discerning what we can learn from this
- remembering that most people feel bad about themselves in some way and that we are all human.

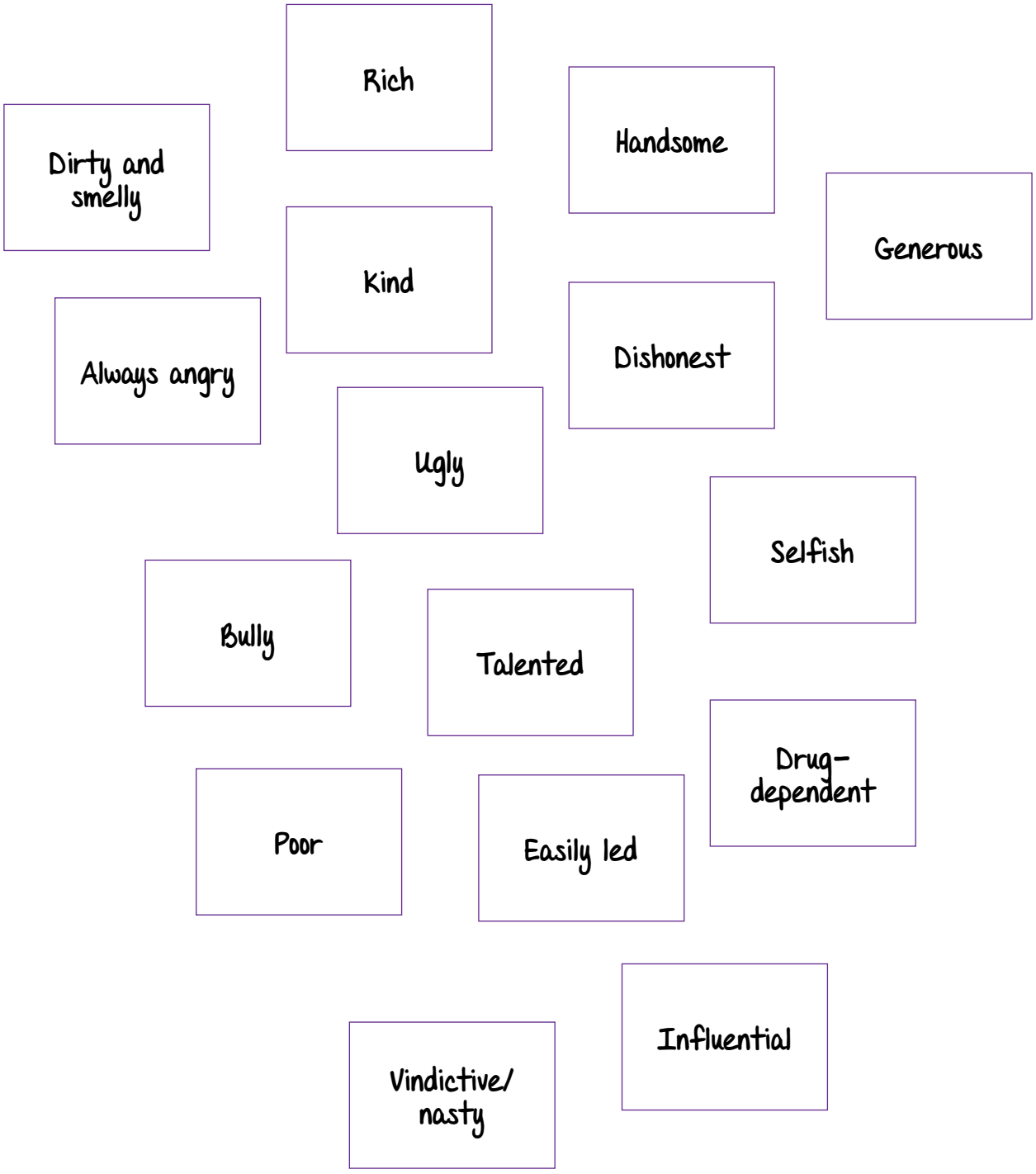
Barriers that impact on self-confidence and self-esteem:

- Comparing oneself with others
- Listening to inner negative voices
- Self-loathing
- Hating others
- Lack of appreciation and praise from others
- Pain, scars and having a difficult life, emotionally or physically, now or in the past
- Negative attitudes towards oneself and others
- Lack of self-care and meeting our needs
- Having problems with others (family, marital, work)
- Inability to make decisions
- Destructive or negative criticism by others

Listening to negative inner voices and behaving in a manner that reduces self-confidence can affect someone's work on awareness and education as they may cease to find meaning in the work they are doing.

Annex 21: Possible words to write on the labelling cards for Step 3

The following are suggested words you might use for this exercise. You may add others or compile a completely different list that works better for your context and participants.



Session 9

Time

2 hours

Objectives

At the end of this session, participants will be able to:

- analyse the different personality types they may encounter in the field
- recognise their behaviour patterns that they may encounter
- identify measures to deal with them.

You will need

- Large sheets of paper, marker pens, A4 or similar-sized sheets of paper and pens (one per participant)
- Handouts (one per participant) on:

  Annex 22: Different personality types and how to deal with them

Interacting with different personalities in the field

Overview

This session helps participants to learn about different personality types and their characteristic behaviours, and to explore how this understanding can apply to their outreach and peer education work.

Activity: Dealing with different personalities

Step 1: Different personalities and how to deal with them (30 minutes)

1. Divide participants into small groups and give each group a large sheet of paper and marker pen. Ask participants to draw on their paper a table with two columns, the first headed "Personality type" and the second "Behaviour characteristics".
2. Ask them to think about the various types of personality they may encounter in their outreach work: e.g. the aggressive personality; the one who knows everything; the sarcastic one, etc. Ask them to think about how these people behave, and to record this information in their table.
3. At the end of the exercise, ask groups to display their sheets as wall panels and to look at those of the other groups.

Step 2: Role play allocation and performance (30 minutes)

4. Ask for two volunteers to role play for five minutes. One takes the role of a peer educator discussing with an MSM group the importance of condoms in protecting against HIV and other STIs. Allocate one of the personality types listed in the wall panels to the other role player. Tell the peer educator to undertake their education work and to deal with any reactions they might get from the other person.
5. Ask other participants to act as observers and to think about how the peer educator might handle the behaviours demonstrated by the other person. Ask them to note the personality type and how they would deal with the behaviours.
6. Repeat this role play with four to five different pairs of volunteers, allocating a different personality type from the wall panels for each role play.

Step 3: Discussion and summary (40 minutes)

7. Ask each of those who role played the peer educator to share how they felt when confronted with the behaviour of the other person, and how they tried to deal with this. Ask the observers how they thought they would deal with the situation presented. Thank and applaud everyone who role played a peer educator or a specified personality type.

Step 4: Different personality types and how to deal with them (20 minutes)

8. Give a presentation (Annex 22) with a short discussion for clarification/questions.

Annex 22: Different personality types and how to deal with them

The peer educator can be trained to deal with all personality types in the field. However, it is not compulsory for target groups to attend the awareness session in the street, and if some or all of them refuse to listen or participate, they are free to do so.

POSSIBLE RESPONSE	BEHAVIOUR CHARACTERISTICS	PERSONALITY TYPES
Indifferent	Doesn't care about what you're saying (apathetic). Thinks he knows it all and may not listen when you address him as his interest is elsewhere.	Build his trust first. Then get him engaged in the topic of conversation by emphasising the dangers he may face. Alternatively, move away from him and start a conversation with someone else as this may draw his attention and make him want to engage.
Troublemaker (harasses and provokes you)	He bothers you and wants to joke around while displaying indifference to the topic. This is usually because he wants to avoid the subject and considers it either unimportant or very important. Your interest in your work irritates him.	Stay focused on the topic and ignore his looks and provocations. If the situation escalates, do not engage in a verbal dispute. Excuse yourself and note that you cannot get him to take the matter seriously.
Criticises you and your work (he may raise his voice and cause a disturbance)	He opposes everything you say and thinks he knows it all. He is not interested in the information you are offering and may harass you.	Ask him to allow you to do your job and tell him that he can leave if he is not interested. If he threatens violence or gets violent, get out of the situation.
Opinionated	Not convinced by the information you have to offer. He questions its accuracy and thinks he could do better.	Give him accurate information and correct his misconceptions. Offer literature if appropriate. If he persists, ask him to allow others to speak and you to finish the meeting. Thank him for his input and any correct information he provided (i.e. make him feel valued to get him on side). Suggest a chat later to discuss his concerns and the possibility that he may become a peer educator.
Arrogant and cynical	He believes that what you have to say is not important and that your work is not valuable. He wants to criticise your work and refuses to take awareness and prevention material because he is not interested.	Discuss the programme results with him, show him respect, work at building trust with him and get him to listen.

Session 10

Time

2 hours 30 minutes

Objectives

At the end of this session, participants will be able to:

- identify the different kinds of stigma and discrimination experienced by the people they work with and their impact on the lives of marginalised people, especially MSM
- recognise how they themselves react to discrimination
- empathise with the experiences of discrimination of those they work with.

You will need

- Flipchart, large sheets of paper, markers, masking tape
- Handouts (one per participant) of:

  Annex 23: Stigma and discrimination does not help self-acceptance of one's sexual orientation

Developing non-discriminatory attitudes and behaviours towards MSM

Overview

The various exercises in this session address stigma and discrimination. They help participants to explore their own experiences and feelings, and identify and empathise with the stigma that their clients might experience and the feelings this may evoke in them. The concluding part of the session gives some (brief) consideration to the particular stigma attached to homosexuality. It will be important to ensure that this is included, as homophobia can be evident among some peer educators. This is a good opportunity to address these attitudes.

The session is divided into three parts:

- **Part 1.** My feelings when stigmatised and when stigmatising others
- **Part 2.** Using non-verbal communication to express discrimination
- **Part 3.** Empathy with others

Activity: Part 1. Refusing to harm others

Step 1: Personal reflection and sharing exercise (25 minutes)

1. Ask participants to work in pairs. Ask each participant to take a few minutes to think, in private, of times when they have been discriminated against.
2. Ask each participant to talk about this situation with their partner (10 minutes for each partner) without naming people but focusing on the following questions:
   - *What happened?*
   - *How did I feel then?*
   - *What did I want to do but was unable to?*
   - *How did I deal with this situation?*

Step 2: Personal reflection and sharing exercise (25 minutes)

3. Ask participants to think about a situation where they personally discriminated against someone, again allowing a few minutes for private reflection.
4. Ask each participant to talk about this situation with their partner (10 minutes for each partner) without naming people but focusing on the following questions:
   - *What happened?*
   - *What caused you to act that way?*
   - *How did the other person feel?*
   - *How did they react?*
   - *How did you feel at the time?*
   - *How did it end?*

Step 3: General discussion (20 minutes)

5. Ask participants to share something short about how they felt when they experienced discrimination. Reassure them that they don't have to disclose more than they want to. Ask them how they felt when they told their partner about this (Step 1). Ask participants to share something short about how they felt when they discriminated against someone, again reassuring them as before. Ask them how they felt when they told their partner about this (Step 2).
6. Conclude by drawing out the difference in their feelings between when they discriminated against someone and when they experienced discrimination. Remind participants that whatever they disclosed remains confidential. Thank everyone for their openness.

Part 2. Using non-verbal communication to express discrimination

Step 1: "Statue" position (20 minutes)

7. Ask participants to work in the same pairs as before. Ask them to think of some experiences of discrimination they know about through their work, either because they encountered them or were told about them. Discuss them in pairs for a few minutes. Ask them to select one and tell them they have to represent that situation as a still-life scene: a mime, with each of them becoming statues.
8. One of them takes the role of the person who was discriminated against and the other takes the role of the person carrying out the discrimination. They must each take up a body position or mime to represent their role. Ask them to spend a few minutes planning their mimes or postures (using as much space as needed, and feeling free to stand, sit lie down, crouch, raise their hands, touch the other person etc.).
9. When they are ready, ask them to take up their positions, telling them that at this point they are like statues, unable to move or speak. Ask them to hold their positions for two minutes, paying attention to how they are feeling, and then reverse the roles and hold their new positions for two minutes, again paying attention to how they are feeling.

Step 2: General discussion (15 minutes)

10. Ask participants to share how they felt in each position. How did it feel to be the victim of discrimination? How did it feel to be the perpetrator? Record key words on a flipchart page, with those of the victim on one half and those of the perpetrator on the other. Invite participants to reflect and comment on the various feelings and the differences between those of the two roles.

Part 3. Empathy with others

Step 1: Terms used in the field (15 minutes)

11. Remind participants how stigma and discrimination affect many people, including:

- MSM
- sex workers
- people living with or affected by HIV and AIDS
- people who use drugs
- immigrants and refugees
- women
- children orphaned by HIV
- minority ethnic groups.

12. Pin up large sheets of paper on the wall. Head each with one of the categories/groups listed above (and others that you consider should appear). Ask participants to write on that sheet, using a marker, a term used in the community or in the street to speak about this group.

Step 2: Reading the terms (15 minutes)

13. Divide participants into groups, each carrying one of these sheets. Ask one person from each group to read aloud from their sheet a statement such as:

I am a gay man/I am a sex worker/My partner has HIV (or whatever is the heading on their sheet) *and this is what they say about me...* (the participant then reads out the term).

Step 3: Sharing, discussion, presentation on issues of stigma and sexual orientation (15 minutes)

14. At the end of the group presentations, ask those who read aloud to say how they felt when making those statements. Then ask the other participants to share how they felt when they heard those statements, mindful that they were coming from someone they know and work with.

15. Remind everyone of the reasons behind the stigma and its consequences. Focus discussion for a few minutes on how stigma particularly affects people's ability to accept their sexual orientation (Annex 23).

16. Talk about how accepting homosexuality is not easy for those experiencing it, or their loved ones. Discuss the stages of self-acceptance and ask participants if they themselves have gone through them. It's important for participants to understand what the peer group has gone through with their families and communities, so that their participation in the programme doesn't expose them to further risk.

17. Ask each participant to come up with a statement to counter stigma and discrimination that they might use in their work (e.g. a working principle or professional code).

Annex 23: Stigma and discrimination does not help self-acceptance of one's sexual orientation

Stigma and discrimination impede self-acceptance and "coming out" – an important stage where an individual feels ready to declare their sexual orientation. Prior to this, they may go through different stages:

- fear of the possible reaction of others and its negative consequences
- feeling guilty, questioning why they are different and why they cannot change the way they feel
- concern about their family and their feelings
- anger, looking for someone to blame, and low self-esteem
- frustration and inability to cope
- acceptance of their sexual identity, understanding this as normal and that they can lead a positive life
- making the decision to come out and getting prepared for the potential reactions of others
- deciding who to disclose their situation to and why
- disclosing their sexual orientation.

The family's understanding and acceptance

A family goes through similar stages when a son or daughter decides to come out. Parents often display denial and disbelief, and this reaction may be accompanied by fear, guilt and shame – and looking for someone to blame. Homosexuality is often regarded as a disgrace or a disease that cannot be cured, so parents may take some time to reach acceptance.

Session 11

Time

3 hours 15 minutes

Objectives

At the end of this session, participants will:

- be able to identify and use effective stepwise strategies when planning and undertaking specific educational initiatives
- have strengthened their intervention planning skills
- be able to identify techniques for addressing problems and challenges
- have strengthened their motivational messaging skills.

You will need

- Props for the session: male condom, lubricant, publications
- Handouts (one per participant) of:

  Annex 24: Case studies

  Annex 25: Answers to case study questions

  Annex 26: Pointers for preparing an intervention

  Annex 27: Motivational interviewing

Educational and motivational messages in the field

Overview

This session helps both facilitator and participants to assess participants' abilities to carry out their work and to gauge how much information they have taken in so far. Through replicating workplace scenarios and testing their engagement with these, participants identify effective strategies and methodologies for planning and delivering educational and motivational messages in their outreach work.

Activity: Preparing and implementing an outreach activity

Step 1: Group work (45 minutes)

1. Divide participants into three groups. Ask each group to work on a different case study and to answer the accompanying questions (Annex 24).
2. Ask the groups to prepare their feedback on the case study as a scenario which they role play, assigning the different characters to members of their group. Ask the groups to prepare this exercise as if they are doing outreach in the community.

Step 2: Group presentation and Q&A (1 hour 30 minutes)

3. Invite each group in turn to present their role play feedback on their case study. Ask the other two groups to act as observers, and to write down what made the work easy, what hindered it and what advice they would give.

Step 3: Presentation on preparing an intervention (30 minutes)

4. Present the measures to put in place in order to ensure effective preparation and delivery of interventions. Present the suggested actions for addressing problems and challenges (Annex 26). Invite questions for clarification.

Step 4: Presentation on motivational interviewing (30 minutes)

5. Present the stepwise guidelines for motivational interviewing. Invite questions for clarification.

Annex 24: Case studies

For each of the case studies, ask the participants to consider the following questions:

- *What are the preparatory steps you have to take before approaching these men?*
- *What would facilitate your visit and what would hinder it?*
- *What do you think the reaction of this target group will be?*
- *What stage is this target group at?*
- *What is the outcome you wish to achieve?*
- *What sort of activity would you suggest?*
- *What are the resources that you will need for implementation?*
- *How would you end the activity and assess the success of your intervention?*

Case study 1

A young guy approaches you to tell you that he is working with a group of friends at a local *hammam* where they provide the clients with "extra" services. A friend of his is taking drugs and needs help. He himself was diagnosed with an STI, although his condition has improved after taking medication. He is really concerned, especially having heard about HIV and AIDS, and wants to do something to protect himself and his friends. He asks you to come to the house they share and educate them about these issues.

You and your colleagues are peer educators for an intervention programme. *What do you do?*

Case study 2

An upmarket beach resort is preparing for some events. You have heard from friends that at some of these parties rowdy activities take place (heterosexual and same-sex), and that alcohol and drugs are allowed and served.

You know that it is important for you and your co-workers to visit this resort, check out what is happening, and provide some information and educational input. *What do you do?*

Case study 3

Three young guys wait daily under the bridge for a free lift (auto-stop). You notice from the way they are dressed and from the choice of the car they stop that they are looking for same-sex partners. You have been to this place several times to verify the situation and they all seem to get into the same car.

You are a team member of an intervention group. *What do you do?*

Annex 25: Answers to case study questions

CASE STUDIES	PREPARATORY STEPS	EXPECTED REACTIONS (POSITIVE/NEGATIVE)	PURPOSE OF THE INTERVENTION AND BEHAVIOURAL STAGES	EXERCISES/ACTIONS MATERIALS AND CONCLUSION
Case study 1	Ask a colleague to accompany you to the meeting with these young people. Consider the suitability of the proposed venue	The workers are not locals and are afraid of being expelled	Stage 5: asking for help for colleagues	Give information about risk reduction/ prevention
	If the intervention is to take place in the Turkish bath, it is preferable to get a prior appointment with the owner, explaining the importance of this intervention and to alleviate his concerns	The owner refuses this intervention to avoid unwanted attention	The target group knows nothing about the matter. They are in the first stage of "denial" and may refuse help	Present the necessary information and assess possible use of protection in their workplace. Supply educational materials
	Assess the possible needs of the group from the information supplied by the person who comes to you	What helps? The request comes from one of the workers in the Turkish bath	Raise awareness of health risks to this group and of protection options and support available	Refer them to be tested for STIs, including HIV
	Get some background information on the Turkish bath from other people's experiences	The person approaching you is trusted by his friends		Make another appointment for follow-up
		Concerns about the risk to health has motivated this person to take action		
Case study 2	Contact the resort owner and explain the awareness work you do	Refusal as you are accusing him of breaking the law	Stage 1: denial of risk behaviour	Distribution of basic material; easy to carry
	Better if you inform someone close to the owner in order to create rapport	People turn up to the party but don't want to talk about the subject	Raise awareness of harm reduction and call for testing and counselling	Put up a notice on the importance of the awareness session

Annex 25: Answers to case study questions

CASE STUDIES	PREPARATORY STEPS	EXPECTED REACTIONS (POSITIVE/NEGATIVE)	PURPOSE OF THE INTERVENTION AND BEHAVIOURAL STAGES	EXERCISES/ACTIONS MATERIALS AND CONCLUSION
	Get to know some clients	Intervention has to be quick, discrete and concise		Put up a notice/ poster linking HIV and AIDS and drugs
	Agree with the owner on the type of intervention you can do	What helps? Getting help from your friends		Do a quick exercise and refer to a specialised centre for testing and counselling
Case study 3	Get down there and fix up a meeting with the guys before they start work		Assess their risk behaviours (especially if into sex work)	Build trust and don't install fear. Build trust with one person who can tell others
	Introduce yourself as the peer educator and describe what this is			Awareness about harm reduction. Encourage them to use condoms
	What helps? Frequent the place to get to know the group before going into details			Get them to practise negotiating the use of condoms
				Encourage them to visit the centre for voluntary counselling and testing (VCT)

Annex 26: Pointers for preparing an intervention

STEP 1: PLANNING

SPECIFICS OF THE PLACE	CONTACTING KEY ENABLERS	PREPARATIONS
■ Type of services available ■ Who uses the place ■ What they do; special events, behaviours ■ Working hours ■ Who is in charge ■ Time frequented by the target group ■ Best time and place for intervention	■ Present identification (ID) and the type of activities you do ■ Obtain approval and support ■ Emphasise importance of privacy/confidentiality	■ What can be done – define the objective of the intervention in line with the findings ■ Contents of the intervention – the messages ■ What you will need (skills and techniques) ■ Best timing and places for intervention ■ The target group ■ Contact the person in charge and inform them of the activity (if necessary, depending on the place of intervention)

STEP 2: THE INTERVENTION

- Introduce the team and the project briefly
- Give a clear objective
- Emphasise the importance of privacy and confidentiality
- Think of stakeholders and decision-makers that may influence the intervention
- Always carry ID and an introductory letter from the centre
- Always notify the centre of your whereabouts and the time you expect to finish the session

STEP 3: BUILD TRUST AND COMMUNICATE WITH THE TARGET GROUP

- Implement what you planned: provide the useful information, necessary materials and referrals
- Ask people about their needs or problems
- Ask for feedback
- Ask them if they are interested in specific topics
- Maintain privacy about what was discussed

STEP 4: CONCLUDE AND EVALUATE

- Inform them about a follow-up meeting
- Inform them of the report you will make, and what is and is not documented
- Thank them for their interest and leave
- Evaluate the need to come back to the same place or not
- Thank the person in charge
- Report writing: document what you did, what materials and activities you used, how the intervention was received, any evidence of immediate outcomes, and note proposals for future/follow-up work

Annex 26: Pointers for preparing an intervention

FACING PROBLEMS AND CHALLENGES	
Step 1	■ Identify and pay attention to geographical area and places frequented by the target groups ■ Do several field visits (as needed) and at different times ■ Pay attention to everything that happens and discuss later with your group and field observer (trading places for drugs, drug use, needles, bars, alcohol, etc.) ■ Make sure you prepare all the necessary contacts ahead of time ■ Prepare content of the intervention within the team and with the field observer ■ Take an ID card to identify yourself and the project, and have the necessary flyers
Step 2	■ Maintain privacy and confidentiality ■ Set clear ground rules from the outset ■ Be clear and concise in what you say ■ Do not pressure the target group: they have a right to participate or to refuse ■ Chose suitable conditions for intervention ■ Be confident in your work and the information you provide ■ Be honest about what you do and do not know, give alternatives, and offer to chase up information on points you do not know
Step 3	■ Be punctual with your appointments ■ Allow for dialogue/discussion and listen to their problems ■ Don't take things personally, and always clarify that you are simply the link and that there is a professional capacity ■ Reassure them that your programme is not affiliated to interests or groups opposed to the wellbeing of those attending this event ■ Be aware of negative reactions and stay calm ■ Take participants' needs seriously, write them down and reassure them that you will address them ■ Provide all the information that addresses their needs ■ Be realistic ■ Be mindful of not conducting activities according to what the clients want ■ Be vigilant: keep your relationship with the client professional and honest
Step 4	■ Thank those who received you and build trust ■ Remember and document everything that happened ■ Be objective, realistic and honest in recording the events ■ Write down what you were able and what you were not able to do ■ Help in the preparation of future work plans: identifying needs and resources

Remember:

- What you plan may not be carried out
- You will sometimes visit difficult places where you cannot discuss certain topics
- Commit to your group and be professional
- Observe the rules laid down for you to maintain your safety
- Respect the rules of the place you visit
- Conditions may change from week to week (climate, emotions, the police, the level of alcohol intake)
- Focus on the type of relationship you build (some may last and require follow-up time and energy, and some may be limited to giving information – do not make the target group become dependent on you)
- Do not to force the target group to go to the centres that provide services

Annex 27: Motivational interviewing

The purpose of communicating with peers in the street is to encourage them to change their risk behaviour to a healthier one. The peer educator's role is to get them to understand those risks and start planning for change. The motivational interviewing consists of the following steps:

STEP 1: BUILDING TRUST

Get the client's consent to talk about their condition:

- *Do you mind if we talk about this subject?*
- *Can we discuss your behaviour?*

STEP 2: TALKING ABOUT CHANGE

Get the client to talk about the benefit of behavioural change. Clients usually talk implicitly about this, so you should help them to identify these benefits and explain the discrepancy between what they say and what they do. It also helps you to discover the values that concern them in the street.

Sample questions:

- *What do you want to change?*
- *Why do you want to change?*
- *What happens if you don't change?*
- *What would be a good outcome of changing your behaviour?*
- *What stops you from changing?*
- *How can I help you to change?*
- *How important is it for you to achieve the change you want?*
- *What will change in your life if you move from this stage to another?*

STEP 3: ASKING OPEN-ENDED QUESTIONS

- *Tell me about your behaviour.*
- *What happens to you?*
- *What is usually on your mind when you don't protect yourself?*

STEP 4: INTERACTIVE LISTENING

- Focus on the conflict between emotions, behaviour and thinking: *How do you benefit from unhealthy behaviour?*
- Help the person to weigh up decisions: *What will happen if you choose this rather than that? What are the different options? What will be the consequences of continuing as you are, and what will be the consequences of the proposed changes?*
- Recap/summarise occasionally: *From what you are saying... I understand that you want...*
- Clarify and focus on the key issue: *What exactly is the risk resulting from your behaviour?*

Annex 27: Motivational interviewing

STEP 5: CONFRONTATION

- *You say that cocaine helps you to confront others and that you use it with clients, yet you also say you don't wish to see anyone when you use it. So how does it help?*
- *You say that you are committed to one sexual partner and are willing to sacrifice everything for him, yet you also mention that you have sexual relationships with other partners and do not use protection. How does that behaviour help you in protecting the partner you love?*

STEP 6: HIGHLIGHTING CAPABILITY

- *From our conversation, it seems that you have managed to face a problem, so what stops you from doing the same now?*
- *Last week you said you hadn't shared a needle with anyone for over a month. How did you manage that?*

STEP 7: WILLINGNESS TO CHANGE

- *When I saw you last month you refused to take a condom because you said you didn't need it. Today you're asking me for one and promise to no longer have unprotected sex. From 1 to 10, how would you rate your change? Where you were last month and where you are today?*
- *How did you manage to take that step?*
- *Last month you said you would not use a condom if the client paid you more. Today you say that you have recently done so. What made you regress? What can be done to make you go back to the medical centre?*

STEP 8: READINESS FOR CONTINUED FOLLOW-UP

- Follow up to encourage lasting behavioural change
- Be motivated to refer friends
- Ask questions and answer them

Session 12

Time

2 hours 15 minutes

Objectives

At the end of this session, participants will be able to:

- understand the importance and usefulness of outreach programmes for MSM
- identify ways to convince decision-makers to support this work, influencing people such as religious and community leaders, relevant ministries, the media, local organisations and so on.

You will need

- Props for role plays (outfits and accessories for playing the roles)
- Paper and markers to prepare for the roles
- Handout (one per participant) of:

  Annex 28: The story

Importance of the outreach programme and influencing decision-makers

Overview

This session uses an extended role play, involving all participants to explore the power of key people within a community to enable or block crucially important initiatives. It features again on some of the stigma and judgmental attitudes touched on in earlier sessions, and probes the key skills needed to engage with and gain the support of decision-makers.

Activity: Convincing decision-makers

Step 1: Preparation of roles (1 hour)

1. Hand out the story (Annex 28) for participants to read, and then read it aloud. Ask participants to organise an extended role play of the scenario where the activists come to dinner and meet with key people invited by the politician. Tell them they have one hour for preparation and 45 minutes for performance. Tell them they may use any props and accessories they wish/can find.
2. Ask participants to select a small group to play the role of activists. Ask participants to distribute all the other roles/characters between them, duplicating some or adding new ones if required. All participants should end up having at least one role in this activity.
3. After the roles have been distributed, ask each character or group to prepare for their role and to be as persuasive as possible in whatever view they are promoting.

The roles

The activists

Carry out awareness campaigns about HIV, AIDS and STIs involving information, prevention and referrals for young people and MSM, particularly justifying the importance of interventions for MSM.

Characters playing the opponents

- Affluent lawyer presents convincing evidence to justify the lack of investigation over recent deaths in the town.
- Radical cleric refuses to discuss the matter, uses religious teachings to justify his actions and condemns MSM as a promiscuous immoral group.
- Provincial doctor stigmatises and disapproves of MSM, believes that their behaviour brings disease and that we should get rid of them to protect the townspeople.
- Community representatives are intolerant, concerned only for the future and safety of their young people and the reputation of the town.
- A newspaper owner.

Characters playing the supporters

- Defence lawyer is not from the MSM group but is sympathetic to their situation.
- Manager of a social organisation is aware of MSM health problems and of the risks presenting for young people. Wants abuse against MSM to stop and supports fundraising for intervention programmes. Understands importance of building partnerships with stakeholders.
- Moderate cleric comes up with rebuttals to counter the arguments of the radical cleric.
- Two people representing the local population who want to support the campaign. They are open-minded and one of them lost a child for unknown reasons, possibly an MSM who died of AIDS.

Step 2: performance (45 minutes)

4. The role play is performed with only you, the facilitator, and any invitees as audience. You may invite field supervisors and programme developers to attend this session.

Step 3: Discussion and rounding up (30 minutes)

5. After the performance, invite comments from the audience and from the players on what they think worked or didn't work in the efforts to win support for the MSM initiative. Invite comments from the players on difficulties they encountered and how they might address these.

6. In conclusion, explain the importance of the outreach programme: how it helps in addressing the problem of increased HIV infection among MSM, and how it should work in culturally sensitive ways, while also challenging prejudice and discrimination. Explain the importance of gaining the support of key enablers.

Annex 28: The story

"Romance" is a town where inhabitants still respect the old ways and whose rulers come from a large and influential tribe. It is considered a first-class tourist destination and has a large youth population. Resources are limited to the summer season, when the markets, cafes and restaurant are in full swing.

Many single men and the elderly have been taking part in the tourist business and dedicating their time to serving tourists.

In this town, like many others, MSM are rejected by society and face many challenges. They are considered the dregs of society, deserving stoning or imprisonment. There are cases of harassment, robbery, expulsion from entertainment venues and, in some cases, even death threats. No one knows who the perpetrators are, as they are protected by the authorities and religious leaders.

Among the transgender, transsexual, homosexual and bisexual community, each sub-group faces its own challenges but all conceal their sexual identities, except at special events. To end the summer season, this community organises a big traditional wedding for tourists, dressing up and disguised as women.

The HIV infection rate among this vulnerable group has increased, with around 100 new infections per year, 90% of which are among young people.

Rumours have started, suggesting that some of these sub-groups are taking hormones without medical prescription (or on the recommendations of peers) following abusive treatment from their doctors.

Some of the groups are sex workers (especially in the summer season) and some use drugs occasionally. Others are drawn into MSM activities in order to raise money for their studies.

Recently, two young men passed away in strange circumstances and no one will talk about it – not even their immediate families. In another incident, a young man was found dead – presumably from a drug overdose – although no one knew that he was using drugs.

A group of his friends has got together and has decided to do HIV awareness campaigns in the town, targeting the MSM population. However, these activities are not tolerated. The police have rounded up the educators/activists and have released only a few. They have also accused them of encouraging young people to pursue "abnormal" activities and behaviour. They have been told that the next time they are caught, the penalty will be harsher.

These activists are frightened but decide to keep going. They approach an affluent politician, asking him to give them permission to continue with their awareness campaigns. He invites the group for dinner at his house, together with some influential community members, so that they can talk about the objectives of their intervention. He invites them to bring along anyone who might support their cause.

A week before the scheduled dinner party, the group learns that the following VIP members of the community will be present:

- An affluent lawyer who has presented convincing evidence to justify the lack of investigation over the recent deaths.
- A radical cleric who categorically rejects all discussion on this subject, using religious teachings to justify his position.
- A doctor from the town who wants nothing to do with this population and backs up his point of view with myths and false beliefs.
- A community of local activists who can no longer tolerate this population because they are concerned for the future and safety of their young people and the reputation of the town.

www.aidsalliance.org

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

www.aidsalliance.org

About UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organisations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic. UNAIDS helps mount and support an expanded response to AIDS – one that engages the efforts of many sectors and partners from government and civil society. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, UNWOMEN, WHO and the World Bank.

UNAIDS Regional Support Team for the Middle East & North Africa
Abdoul Razzak El-Sanhouri Street, 20
Nasr City
Cairo, Egypt
Tel: (+20) 222765257